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Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: <a href="mailto:charles.high@browardschools.com">charles.high@browardschools.com</a>

	SECTION 1	- SUPPLIE	REVALUA	IION			
Supplier Company Name:	ACE for Kids, Inc.						_
Supplier Contact:	Nicholas Matzirakis						_
Contact Telephone:	954-533-2517						_
Bid No.: <u>12-002N</u>	Purchase Order No.	: None					
What was the product / servi	ce? Before and After Sc	hool Child C	are Services	<u>i</u>			
1. How do you rate the supp	lier in the following area	s? 1	2	3	4	5	
		Poor	Fair	Good	Very Good	Excellent	
Overall Customer Service Delivery as Scheduled or							N/A N/A
2. How satisfied are you with			2		4		
1 2 Not Satisfied ☐ Somewhat Satisfied ☐			3 Satisfie	d 🗌	Very Satis	sfied 🗌	N/A
3. Will you use them again?	Yes 🗌 No 🗌	N/A					
	SECTION 2 - PR	ODUCT / SI	ERVICE EV	ALUATION			
4. How do you rate their pro	duct / service?				not	_	
		1 Poor	2 Fair	3 Good	4 Verv Good	5 Excellent	
Compliance with Specifica Quality as Compared to S Price as Compared to Sim	imilar Products/Services						N/A N/A N/A
5. Would you purchase this		dor again?		_	_		14//
1 Very Unlikely 🗌	2 Unlikely □		3 Probably		4 Definitel	4 Definitely ☐	
*If not, please explain why in	comments.						3.31.3
	SECTIO	N 3 – END-	USER INPU	I			
Please share any additional performance is unsatisfactory	information regarding t	his supplier u may attach	or the prod	duct / service al sheet if ne	e provided. If t	his supplier's	
	s did not provide servi					not apply	
for 17-004V						11.7	-
	Evaluati	on Form Co	mpleted By:				
	. Deborah Gavilan, Directo	or					_
	efore & After School Child ( 4-321-3330	Care					_
Participant's Signature:	MA	2		Date:	7/19/16		
					-1 /		_

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	SECTION 1	- SUPPLIER	EVALUATI	ON		
Supplier Company Name: Supplier Contact: Contact Telephone:	After School Program David Wolnek 954-596-9000	ns, Inc. and A	fter School I	Programs So	outh, Inc.	
Bid No.: 12-002N	Purchase Order No.	: None				
What was the product / ser	vice? Before and After Sc	hool Child Ca	re Services			
1. How do you rate the su	oplier in the following area	s? 1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Servi Delivery as Scheduled						$\square$
2. How satisfied are you w	vith the supplier?		3		4	
Not Satisfied	Somewhat Satisfie	ed 🗌	Satisfied		Very Satis	fied 🛚
3. Will you use them again	n? Yes ⊠ No □					
	SECTION 2 - PR	ODUCT / SE	RVICE EVA	LUATION		
4. How do you rate their p	roduct / service?	1	2	3 Good	4 Very Good	5 Excellent
	ications Similar Products/Services imilar Products/Services	Poor	Fair		X X X	
5. Would you purchase th		dor again?	3		4	
1 Very Unlikely ☐	2 Unlikely 🗌		Probably		Definitely ⊠	
*If not, please explain why	in comments.					
	SECTIO	N 3 – END-L	JSER INPUT	[		
Please share any additiona performance is unsatisfacto	al information regarding ory, please tell us why. Yo	this supplier ou may attach	or the prod an additiona	uct / service al sheet if ne	e provided. If t cessary.	his supplier's
*Comments: After School in addition of	l Programs, Inc. (ASP) currel qualitfied for Children Service	ntly provides so s Council fund	ervices for 33 ing for MOST,	locations. AS Youth Force	P operates typical and Special Need	programs, ds programs.
	Evaluat	ion Form Cor	npleted By:			
	Dr. Deborah Gavilan, Directo Before & After School Child					
	754-321-3330	- Caro			11011	
Participant's Signature:	Debil De			Date:	7/19/16	

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		_					
Supplier Company Name:	Achievement & Rehab	ilitation Cent	ters d/b/a AF	RC of Browa	rd		
Supplier Contact: Contact Telephone:	Jody Ellis 954-746-9400						
Contact relephone.	334-746-3400						
Bid No.: <u>12-002N</u>	Purchase Order No.:	None					
What was the product / service	? Before and After Sch	ool Child Ca	re Services				
1. How do you rate the supplie	er in the following areas	?	2	3	4	5	
		Poor	Fair	Good	Very Good	Excellent	
<b>Overall Customer Service</b>						X X	
Delivery as Scheduled or P	romised					IXI	
2. How satisfied are you with t	2. How satisfied are you with the supplier?						
Not Satisfied	Somewhat Satisfied		Satisfied		Very Satis	fied 🛚	
3. Will you use them again?	Yes ☑ No □						
SECTION 2 - PRODUCT / SERVICE EVALUATION							
4. How do you rate their produ	ict / service?						
4. How do you rate their produ	.007 001 1100 1	1	2	3	4	5	
		Poor	Fair	Good	Very Good	Excellent	
Compliance with Specificati Quality as Compared to Sim	ons	H	H	H	H	X X X	
Price as Compared to Similar		H	H			$\boxtimes$	
5. Would you purchase this p		or again?					
1	2	ū	3		4		
Very Unlikely 🗌	Unlikely		Probably		Definitely	/ IXI	
*If not, please explain why in c	omments.						
	SECTION	1 3 – END-U	SER INPUT	:			
Please share any additional in	formation regarding th	is supplier	or the produ	uct / service	provided. If the	nis supplier's	
performance is unsatisfactory,	please tell us why. You	may attach	an additiona	I sheet if ned	essary.		
*Comments: Achievement & Re	habilitation Centers d/b/a AR	C of Broward (	ARC), provides	special needs	services to four high	h schools	
under the Children	s Service Center grant for S	TEP. They follo	w all of the Be	fore & After Sc	hool department red	uest.	
	Evaluation	n Form Com	pleted By:				
	Deborah Gavilan, Director						
	re & After School Child Care 321-3330						
D	1121			Deter	7/19/19	_	
Participant's Signature:	W /O			Date:	11-11		

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	02011011					
Supplier Company Name:	Center for Hearing and	d Communic	ation			
Supplier Contact:	Margaret Brown					
Contact Telephone:	954-601-1930					
Bid No.: <u>12-002N</u>	Purchase Order No.:	None				
What was the product / service	? Before and After Sch	ool Child Ca	re Services			
1. How do you rate the supplie	er in the following areas	?	2	3	4	5
Overall Customer Service Delivery as Scheduled or P	romised	Poor	Fair	Good X X	Very Good	Excellent
2. How satisfied are you with t	he supplier?		3		4	
Not Satisfied	Somewhat Satisfied		Satisfied	$\boxtimes$	Very Satis	fied 🗌
3. Will you use them again?	Yes 🗌 No 🗌					
	SECTION 2 - PRO	DUCT / SE	RVICE EVA	LUATION		
4. How do you rate their produ	ıct / service?		2	3	4	5
Compliance with Specifications  Quality as Compared to Similar Products/Services  Price as Compared to Similar Products/Services			Fair	Good  III	Very Good	Excellent
5. Would you purchase this p	roduct or use this vend	or again?	3		4	
Very Unlikely ☐	Unlikely		Probably		Definitely 🛛	
*If not, please explain why in c	omments.					
	SECTION	3 – END-U	SER INPUT	:		
Please share any additional in performance is unsatisfactory, <sub>l</sub>	formation regarding th please tell us why. You	is supplier may attach	or the produ an additiona	uct / service I sheet if ned	provided. If the cessary.	nis supplier's
*Comments: Center for Hearing aby the Children's Se of the Before & Afte	and Communication (CHC) pervices Council. They have so School Child Care department	struggled over t	he last five yea	rs following the	requirments	cessful.
5. a.e 25.316 a / 116						
Name / Title: Dr	Deborah Gavilan, Directo	n Form Com	pieteu by:			
	ore & After School Child C					
	-321-3330	7				
Participant's Signature:	WHA			Date:	7/19/16	

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	SECTION 1 -	- SUPPLIER	EVALUATI	OIN			
Supplier Company Name: Supplier Contact: Contact Telephone:	Christina G. Smith Co Joanne Correia-Kent 954-321-2296		ntal Health F	oundation			
Bid No.: <u>12-002N</u>	Purchase Order No.:	None					
What was the product / servic	e? Before and After Sch	nool Child Ca	re Services				
How do you rate the suppli	er in the following areas	1	2	3 Good	4 Very Good	5 Excellent	
Overall Customer Service Delivery as Scheduled or F	Promised	Poor	Fair				
2. How satisfied are you with	2. How satisfied are you with the supplier?						
Not Satisfied	2 Somewhat Satisfie	d 🗌	Satisfied		Very Satis	fied 🛚	
3. Will you use them again?	Yes ⊠ No □						
	SECTION 2 - PRO	ODUCT / SEI	RVICE EVA	LUATION			
4. How do you rate their prod	luct / service?	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	
Compliance with Specifica Quality as Compared to Sin Price as Compared to Simi	milar Products/Services					X   X   X	
5. Would you purchase this p		dor again?	2		4		
Very Unlikely ☐	2 Unlikely ☐		3 Probably □		Definitely 🛚		
*If not, please explain why in	comments.						
	SECTIO	N 3 – END-U	SER INPUT				
Please share any additional i performance is unsatisfactory,	nformation regarding to please tell us why. You	his supplier u may attach	or the prode an additiona	uct / service I sheet if ne	e provided. If to cessary.	his supplier's	
*Comments: Christina G. S They provide	Smith Mental Health For	oundation cue	urrently pro-	vides servio	ces at two locat	ions.	
Name / Title:Dr	Evaluation  Deborah Gavilan Director	on Form Com	pleted By:				
School / Department: Be	fore & After School Child ( 4-321-3330						
Participant's Signature:	WIR SE			Date:	7/19/16		

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	SECTION 1 -	- SUPPLIE	KEVALUA	IION				
Supplier Company Name:	City of Wilton Manors							
Supplier Contact: Contact Telephone:	Bridgette Pierce 954-390-2130							
Bid No.: 12-002N	_ Purchase Order No.:	None						
What was the product / ser	rvice? Before and After Sch	nool Child C	are Services	<u>i</u>				
1. How do you rate the sup	pplier in the following areas			3	4	5		
		1 Poor	2 Fair	Good	Very Good	Excellent		
Overall Customer Servi Delivery as Scheduled						X		
	2. How satisfied are you with the supplier?							
1 Not Satisfied ☐	2 Somewhat Satisfied	d 🗆	3 Satisfie	d 🗌	Very Satis	sfied 🛽		
3. Will you use them again	n? Yes ⊠ No □							
	SECTION 2 - PRO	DDUCT / SE	RVICE EV	ALUATION				
4. How do you rate their p	roduct / service?		_		2	-		
		1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent		
	fications Similar Products/Services Similar Products/Services					X X X		
5. Would you purchase th	is product or use this vend	lor again?	3		4			
Very Unlikely 🗌	2 Unlikely 🗌		Probably		Definite	ly 🗵		
*If not, please explain why	in comments.							
	SECTION	N 3 – END-L	JSER INPU	<u>T</u>				
Please share any additiona performance is unsatisfacto	0 0		•			his supplier's		
However the	Vilton Manors (CWM) currently City of Wilton Manors provide est of the Before & After School	es financial as	ssistance for s					
		on Form Cor	27 53 7 2002227					
	Dr. Deborah Gavilan, Director		. ,					
School / Department: Contact Telephone:	Before & After School Child Care 754-321-3330	=						
Participant's Signature:	DIOUR SE			Date:	7/19/16			

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	SECTION 1 -	- SUPPLIER	EVALUATI	ON			
Supplier Company Name: Supplier Contact: Contact Telephone:	Community After Sch Michael Skolnick 954-729-3222	ool					
Bid No.: <u>12-002N</u>	Purchase Order No.:	None					
What was the product / serv	vice? Before and After Sch	nool Child Ca	are Services				
1. How do you rate the sup	plier in the following areas	s? 1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	
Overall Customer Service Delivery as Scheduled o						$\overline{X}$	
2. How satisfied are you wi	2. How satisfied are you with the supplier?						
1 Not Satisfied ☐	2 Somewhat Satisfie	d 🗌	Satisfied		Very Satis	sfied 🛛	
3. Will you use them again	? Yes ⊠ No □						
	SECTION 2 - PRO	ODUCT / SE	RVICE EVA	LUATION			
4. How do you rate their pr	roduct / service?	_1	2	3	4 Very Good	5 Excellent	
Compliance with Specifi Quality as Compared to Price as Compared to Si	Similar Products/Services	Poor	Fair	Good	Very Good		
5. Would you purchase thi		dor again?	3		4		
1 Very Unlikely ☐	2 Unlikely ☐		Probably		Definitely ⊠		
*If not, please explain why	in comments.						
	SECTIO	N 3 – END-l	JSER INPUT	<u>[</u>			
Please share any additiona performance is unsatisfacto	ll information regarding t ry, please tell us why. Yo	his supplier u may attach	or the prod	uct / service al sheet if ne	e provided. If t cessary.	his supplier's	
*Comments: Community services to	/ After School, Inc. curre typical programs, as we	ently provide	es programs d by the Chi	for five loc	cations. They p	rovide	
		on Form Co				_	
Name / Title:	Dr. Deborah Gavilan, D	Director	,				
School / Department: Contact Telephone:	Before & After School (	Child Care					
Participant's Signature:	DUR Se			Date:	7/19/16		

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Supplier Company Name: Supplier Contact: Felipe Pinzon		SECTION 1	- SUPPLIER	EVALUATI	<u>ON</u>			
Second to telephone:   954-964-8884			rida					
Bid No.: 12-002N								
1. How do you rate the supplier in the following areas?    Poor Fair Good Very Good Excellent   Poor Fair Good Very Good   Poor Fair Good Very Satisfied   Poor Fair Good Very Satisfied   Poor Fair Good Very Satisfied   Poor Satisfied   Poor Fair Good Very Satisfied   Poor Fair Good Very Satisfied   Poor Fair Good Very Good Excellent			: None					
1	What was the product / service	e? Before and After Sc	nool Child Ca	re Services				
Overall Customer Service Delivery as Scheduled or Promised  2. How satisfied are you with the supplier? Not Satisfied   Somewhat Satisfied   Satisfied   Very Satisfied    3. Will you use them again? Yes   No    SECTION 2 - PRODUCT / SERVICE EVALUATION  4. How do you rate their product / service?  1	How do you rate the supplie	er in the following areas	1			4	-	
Not Satisfied   Somewhat Satisfied   Satisfied   Very Satisfied		romised	Poor		Good			
Not Satisfied  Somewhat Satisfied  Satisfied  Very Satisfied  Very Satisfied    3. Will you use them again? Yes  No    SECTION 2 – PRODUCT / SERVICE EVALUATION  4. How do you rate their product / service?  4. How do you rate their product / service?  5. Would you purchase this products/Services				2		4		
SECTION 2 – PRODUCT / SERVICE EVALUATION  4. How do you rate their product / service?    1			d 🗆		$\square$	Very Satis	fied 🗌	
4. How do you rate their product / service?    1	3. Will you use them again?	Yes ⊠ No 🗌						
1	SECTION 2 - PRODUCT / SERVICE EVALUATION							
Compliance with Specifications Quality as Compared to Similar Products/Services Price as Compared to Similar Products/Services  5. Would you purchase this product or use this vendor again? Very Unlikely Unlikely Probably Definitely  *If not, please explain why in comments.  SECTION 3 – END-USER INPUT  Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  *Comments: Hispanic Unity of Florida (HU), currently provide services to four locations under the Children's Services Council Youth Force grant. HU has had some staff turn over requiring the Before & After School Child Care (BASCC) department to provide multiple trainings. HU is working to meet requirements of BASCC.  Evaluation Form Completed By:  Dr. Deborah Gavilan  Before & After School Child Care  754-321-3330  H. A.	4. How do you rate their produ	uct / service?				4	-	
Very Unlikely ☐ Unlikely ☐ Probably ☒ Definitely ☐  *If not, please explain why in comments.  *If not, please explain why in comments.  *SECTION 3 — END-USER INPUT  Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  *Comments: Hispanic Unity of Florida (HU), currently provide services to four locations under the Children's Services Council Youth Force grant. HU has had some staff turn over requiring the Before & After School Child Care (BASCC) department to provide multiple trainings. HU is working to meet requirements of BASCC.  Evaluation Form Completed By:  **Dr. Deborah Gavilan**  **Before & After School Child Care**  **Total Value**  **Tota	Quality as Compared to Sim	nilar Products/Services		Fair	Good		Excellent	
Very Unlikely ☐ Unlikely ☐ Probably ☒ Definitely ☐  *If not, please explain why in comments.  SECTION 3 — END-USER INPUT  Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  *Comments: Hispanic Unity of Florida (HU), currently provide services to four locations under the Children's Services Council Youth Force grant. HU has had some staff turn over requiring the Before & After School Child Care (BASCC) department to provide multiple trainings. HU is working to meet requirements of BASCC.  Evaluation Form Completed By:  Name / Title: Dr. Deborah Gavilan  Before & After School Child Care  754-321-3330	5. Would you purchase this p	roduct or use this vend	or again?	2		4		
Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  *Comments: Hispanic Unity of Florida (HU), currently provide services to four locations under the Children's Services Council Youth Force grant. HU has had some staff turn over requiring the Before & After School Child Care (BASCC) department to provide multiple trainings. HU is working to meet requirements of BASCC.  Evaluation Form Completed By:  School / Department: Dr. Deborah Gavilan  School / Department: Dr. Deborah Gavilan  Before & After School Child Care  754-321-3330	1 Very Unlikely ☐	Unlikely 🗌		•	$\square$	Definitely		
Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  *Comments: Hispanic Unity of Florida (HU), currently provide services to four locations under the Children's Services Council Youth Force grant. HU has had some staff turn over requiring the Before & After School Child Care (BASCC) department to provide multiple trainings. HU is working to meet requirements of BASCC.  Evaluation Form Completed By:  Dr. Deborah Gavilan  Before & After School Child Care  754-321-3330	*If not, please explain why in c	comments.						
*Comments: Hispanic Unity of Florida (HU), currently provide services to four locations under the Children's Services Council Youth Force grant. HU has had some staff turn over requiring the Before & After School Child Care (BASCC) department to provide multiple trainings. HU is working to meet requirements of BASCC.    Evaluation Form Completed By:   Dr. Deborah Gavilan   Before & After School Child Care   Total Care		SECTION	N 3 – END-U	SER INPUT				
Force grant. HU has had some staff turn over requiring the Before & After School Child Care (BASCC) department to provide multiple trainings. HU is working to meet requirements of BASCC.  Evaluation Form Completed By:  Name / Title:  School / Department: Contact Telephone:  Dr. Deborah Gavilan  Before & After School Child Care  754-321-3330	Please share any additional in performance is unsatisfactory,	nformation regarding the please tell us why. You	his supplier o u may attach a	or the produ an additiona	uct / service I sheet if ned	provided. If the provided is provided.	his supplier's	
Name / Title: School / Department: Contact Telephone:  Evaluation Form Completed By:  Dr. Deborah Gavilan  Before & After School Child Care  754-321-3330	Force grant, HU h	has had some staff turn o	ver requiring th	e Before & A	fter School C	Children's Servic	es Council Youth (2) department to	
Name / Title:         Dr. Deborah Gavilan           School / Department:         Before & After School Child Care           Contact Telephone:         754-321-3330	provide multiple to	rainings. HU is working t	o meet require	ments of BAS	SCC.			
School / Department: Contact Telephone:  Before & After School Child Care 754-321-3330	Name / Title: Dr		on Form Com	pleted By:				
Light Market Control of the Control	School / Department: Be	efore & After School Child	Care					
		Sever JE			Date:	7/19/15		

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	3_33					
Supplier Company Name:	OIC of Broward Count	tv. Inc.				
Supplier Contact:	A Connelly	.,				
Contact Telephone:	954-563-3535					
Contact relephone.	004 000 0000					
Bid No.: <u>12-002N</u>	Purchase Order No.:	None				
What was the product / service	e? Before and After Sch	ool Child Car	e Services			
1. How do you rate the suppli	er in the following areas	s? 1	2	3	4	5
		Poor	Fair	Good	Very Good	Excellent
Overall Customer Service						
	Promised	H	H	X X	H	H
Delivery as Scheduled or F	Tomised					
2. How satisfied are you with	the supplier?					
Not Sotiofied $\square$	Community Continuing		3 Setisfied	177	Vanu Satiaf	ind 🗆
Not Satisfied 🗌	Somewhat Satisfied	ı 🗆	Satisfied	LXI	Very Satisf	ied 🔲
3. Will you use them again?	Yes ⊠ No □					
	SECTION 2 - PRO	DUCT / SER	NICE EVA	LUATION		
4. How do you rate their prod	uct / service?					
The second section is a second section of the second second section section sections and second section sectin		1	2	3	4	5
		Poor	Fair	Good	Very Good	Excellent
Compliance with Specificat	ions		X			
Quality as Compared to Sin	nilar Products/Services			$\boxtimes$		
Price as Compared to Simil	lar Products/Services				$\boxtimes$	
5. Would you purchase this p	product or use this vend	or again?				
1	2	<b>J</b>	3		4	
Very Unlikely ☐	Unlikely		Probably [	X	Definitely	
*If not, please explain why in o						
	SECTION	I 3 – END-US	ER INPUT			
Please share any additional ir	oformation recording th	io ounalier -	r the seed.	at I acmis-	provided If the	io ounnilorio
performance is unsatisfactory,	please tell us why. You	may attach a	n additional	sheet if nec	essary.	is suppliers
*Comments: OIC of South Floire	da. currently provides serv	ices to one mid	ddle school ui	nder the Child	ren's Services Co	ouncil Youth
	struggled with meeting the				ool Child Care (BA	SCC)
Facility Safety Che	ecks and responding to BA	SCC request in	n a timely ma	nner.		
	Evaluatia	n Farm Carre	lated Do			
Name / Title:		n Form Comp	netea By:			
	Or. Deborah Gavilan, Direc	A.R. L				
	Sefore & After School Child 54-321-3330	Care				
Contact Telephone: 7	04-021-000U	,			1	
Participant's Signature:	JULY /			Date:	7/19/16	

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

	SECTION 1	- SOFF LILIX	LVALUATI	<u> </u>		
Supplier Company Name: Supplier Contact: Contact Telephone:	Samuel M. Helene So Sharon Schwartz 954-792-6700	ref Jewish Co	mmunity Ce	nter, Inc.		
Bid No.: 12-002N	Purchase Order No.:	None				
What was the product / service	e? Before and After Sch	nool Child Ca	re Services			
How do you rate the suppl	ier in the following areas	s? 1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service Delivery as Scheduled or	Promised					$\overline{\mathbb{X}}$
2. How satisfied are you with	the supplier?		3		4	
1 Not Satisfied ☐	Somewhat Satisfie	d 🗌	Satisfied		Very Satis	fied 🛚
3. Will you use them again?	Yes ⊠ No □					
	SECTION 2 - PRO	ODUCT / SE	RVICE EVA	LUATION		
4. How do you rate their prod	duct / service?	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifica Quality as Compared to Si Price as Compared to Sim	milar Products/Services					
5. Would you purchase this		dor again?	3		4	
Very Unlikely	2 Unlikely ☐		Probably		Definite	у 🗵
*If not, please explain why in	comments.					
	SECTIO	N 3 – END-U	SER INPUT			
Please share any additional i performance is unsatisfactory	information regarding t , please tell us why. Yo	his supplier u may attach	or the prod an additiona	uct / service I sheet if ne	e provided. If t cessary.	his supplier's
*Comments: Samuel M. Helene provide a typical p Before & After Sch	Soref Jewish Community Ce rogram and under the Childre rool Child Care (BASCC).	enter, Inc., (JCC en's Services Co	provide servci uncil MOST pro	es to five elem ograms. The Jo	entary locations. Th CC follows the requi	rements of
N / T'41		on Form Con	pleted By:			
	or, Deborah Gavilan, Director Before & After School Child Co					
	54-321-3330	)				
Participant's Signature:	Jung A			Date:	7/19/16	

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	02011011	0011					
Supplier Company Name:	South Broward Hospit	tal District					
Supplier Contact:	Tim Curtin						
Contact Telephone:	954-985-5808						
Bid No.: <u>12-002N</u>	Purchase Order No.:	None					
What was the product / service	? Before and After Sch	ool Child Car	e Services				
1. How do you rate the supplie	r in the following areas	?	2	3	4	5	
Overall Customer Service Delivery as Scheduled or Pr	romised	Poor	Fair	Good	Very Good	Excellent	
2. How satisfied are you with t	he supplier? 2		3		4		
Not Satisfied	Somewhat Satisfied		Satisfied		Very Satist	fied 🔀	
3. Will you use them again?	Yes ⊠ No □						
SECTION 2 - PRODUCT / SERVICE EVALUATION							
4. How do you rate their produ	ct / service?	1	2	3	4	5	
Compliance with Specificati Quality as Compared to Sim Price as Compared to Simila	ilar Products/Services	Poor	Fair	Good	Very Good	Excellent	
5. Would you purchase this pr	oduct or use this vend	or again?	3		4		
Very Unlikely ☐	Unlikely 🗌		Probably [		Definitely ⊠		
*If not, please explain why in co	omments.						
	SECTION	3 – END-US	SER INPUT				
Please share any additional in performance is unsatisfactory, p						is supplier's	
*Comments: _South Broward Hosp Youth Force grant. 1	oital District (Memorial) curre They have had some struggle					rvices Council	
***************************************	Frankratia	n Form 0	alatad D				
Name / Title: Dr. I	Evaluatio Deborah Gavilan, Director	n Form Comp	neted by:				
	ore & After School Child Care	9					
	321-3330						
Participant's Signature:	work Ale	_		Date: _	7/19/16		

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	<u>ocomon i</u>	001121211		<u> </u>		
Supplier Company Name: Supplier Contact: Contact Telephone:	Sunshine After Schoo Colleen Gulla 954-236-8850	l Child Care,	Inc.			
Bid No.: <u>12-002N</u>	Purchase Order No.:	None				
What was the product / service	? Before and After Sch	ool Child Ca	re Services			
	1. How do you rate the supplier in the following areas?  1 Poor Overall Customer Service			3 Good	4 Very Good	5 Excellent
Delivery as Scheduled or P	romised	H			$\boxtimes$	
2. How satisfied are you with t	he supplier?		3		4	
Not Satisfied ☐	Somewhat Satisfied		Satisfied	$\boxtimes$	Very Satis	fied 🗌
3. Will you use them again?	Yes ⊠ No □					
	SECTION 2 - PRO	DUCT / SE	RVICE EVA	LUATION		
4. How do you rate their produ	uct / service?	1	2	3	4	5
Compliance with Specifications  Quality as Compared to Similar Products/Services  Price as Compared to Similar Products/Services			Fair	Good	Very Good	Excellent
5. Would you purchase this p	roduct or use this vend	or again?	3		4	
Very Unlikely ☐	Unlikely		Probably		Definitely	<b>/</b> ⊠
*If not, please explain why in c	omments.					
	SECTION	1 3 – END-U	SER INPUT			
Please share any additional in performance is unsatisfactory,	formation regarding th please tell us why. You	is supplier may attach	or the prode an additiona	uct / service I sheet if ned	provided. If the cessary.	nis supplier's
*Comments: Sunshine After So The provide typic Sunshine complie	chool Child Care, Inc. (Su al programs as well as Ch es with the requirements of	nildren's Servi	ces Council Y	outh Force ar	nd MOST grant fur	ile schools. nded programs.
		n Form Com	pleted By:			
	Deborah Gavilan, Directo					
	ore & After School Child ( -321-3330	are				
	11 -0 M.			D. (	7/19/16	
Participant's Signature:	er A			Date:	110110	

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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E-mail to: charles.high@browardschools.com

	<u>SECTION 1</u>	- OOI I LILI	CEVALOAI	1011					
Supplier Company Name:	United Cerebral Pals	y of Broward	l, Palm Beacl	h and Mid-Co	ast Counties, Ir	ıc			
Supplier Contact:	· · · · · · · · · · · · · · · · · · ·								
Contact Telephone:	954-584-7178								
Bid No.: <u>12-002N</u>	Purchase Order No	.: None							
What was the product / servi	ce? Before and After So	hool Child C	are Services						
1. How do you rate the supp	lier in the following area		_			_			
		1	2	3	4 Van: Cood	5 Excellent			
Overall Customer Service Delivery as Scheduled or		Poor	Fair	Good	Very Good ☑ ☑				
2. How satisfied are you wit	h the supplier?		3		4				
Not Satisfied	Not Satisfied ☐ Somewhat Satisfied ☐		Satisfied ⊠		Very Satisfied ☐				
3. Will you use them again?	Yes ⊠ No □								
	SECTION 2 - PR	ODUCT / SE	RVICE EVA	LUATION					
4. How do you rate their pro	duct / service?								
		1	2	3	4	5			
Compliance with Specifications  Quality as Compared to Similar Products/Services  Price as Compared to Similar Products/Services			Fair	Good	Very Good ☑ ☑ ☑	Excellent			
5. Would you purchase this	product or use this ven	dor again?	3		4				
1 2 Very Unlikely ☐ Unlikely ☐		Probably 🗌		Definitely ⊠					
*If not, please explain why in	comments.								
	SECTIO	N 3 – END-L	JSER INPUT	[					
Please share any additional performance is unsatisfactory	information regarding t , please tell us why. Yo	this supplier u may attach	or the prod an additiona	uct / service Il sheet if ned	provided. If t	his supplier's			
*Comments: United Cerebral P Services Council.	alsy of Broward. Palm Beach for one center and five high s	and Mid-Coast	Counties, Inc. (	UCP), currently	provides services	under the Children's			
provided by the B	efore & After School departme	ent, UCP has ov	vercome and no	w meets all red	uirements.	iri, with addictance			
	Evaluati	on Form Con	npleted Bv:						
Name / Title:	. Deborah Gavilan, Director								
School / Department: Be	fore & After School Child Car	re							
Contact Telephone: 75	4-321-3330								
Participant's Signature:	MR SI	_		Date:	7/19/16				

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E-mail to: <a href="mailto:charles.high@browardschools.com">charles.high@browardschools.com</a>

	SECTION	- SUPPLIE	REVALUAT	ION				
Supplier Company Name:	YMCA of Broward Co	ounty, Inc.						
Supplier Contact:	Alison Bergman-Rodriguez							
Contact Telephone:	954-623-5555							
Bid No.: <u>12-002N</u>	Purchase Order No.	: None						
What was the product / serv	ice? Before and After Sc	hool Child C	are Services					
1. How do you rate the supplier in the following areas?								
		1	2	3	4 Van: Cood	5 Excellent		
Overall Customer Servic	•	Poor	Fair	Good	Very Good	Excellent		
Delivery as Scheduled of	Total 1991 No.	H	H	H	X	H		
The second of th				_				
2. How satisfied are you with the supplier?  1 2 3 4								
Not Satisfied ☐	1 2 Not Satisfied ☐ Somewhat Satisfied ☐		Satisfied 🛛		Very Satisfied ☐			
3. Will you use them again?	Yes ⊠ No □							
SECTION 2 – PRODUCT / SERVICE EVALUATION								
4. How do you rate their pro	oduct / service?							
		1	2	3	4	5		
0 11 11 0 15 11		Poor	Fair	Good	Very Good	Excellent		
Compliance with Specifications Quality as Compared to Similar Products/Services			H	H		H		
Price as Compared to Sir					$\boxtimes$			
5. Would you purchase this		dor again?	3		j.			
1 2 Very Unlikely ☐ Unlikely ☐			Probably		Definitely ⊠			
*If not, please explain why in	n comments.							
SECTION 3 – END-USER INPUT								
Please share any additional performance is unsatisfactor						his supplier's		
*Comments: YMCA of Browa	rd. Inc (YMCA) currently prov	ides 40 program	ns. The YMCA	provides all ser	vices as a Children	Services		
Council provider	. They provide MOST, Youth I							
program.								
Evaluation Form Completed By:								
Name / Title:Dr. Deborah Gavilan, Director								
	efore & After School Ch	nild Care						
	4-321-3330				- 01-10	,		
Participant's Signature:	believe	-		Date:	7/18/1	•		